

Effectiveness of participatory interventions in improving clinical coordination in Latin America

M Luisa Vázquez Navarrete

A Miranda Mendizabal¹, I Vargas¹, I Samico², P Eguiguren³, AS Mogollón-Pérez⁴, J López⁵, F Bertolotto⁶, ML Vázquez, for Equity LA II¹

¹Health Policy and Health Services Research Group, Consortium for Health Care and Social Services of Catalonia, Barcelona, Spain

²Group of Studies on Management and Evaluation in Health, Integral Medicine Institute "Prof. Fernando Figueira", Recife, Brazil

³School of Public Health "Dr. Salvador Allende Gossens", University of Chile, Santiago de Chile, Chile

⁴Faculty of Medicine and Health Sciences, Rosario University, Bogota, Colombia

⁵Public Health Institute, Veracruzana University, Veracruz, Mexico

⁶Faculty of Nursing, University of the Republic, Montevideo, Uruguay
Contact: mlvazquez@consorci.org

Background:

Evaluation of interventions to improve clinical coordination across care levels is scarce in Latin America.

Aim:

to evaluate the effectiveness of interventions implemented through participatory action research in improving clinical coordination between care levels in public healthcare networks of Brazil, Chile, Colombia, Mexico and Uruguay.

Methods:

Quasi-experimental study (controlled before and after design). Comparable networks, one intervention (IN) and one control (CN), were selected in each country. Baseline (2015) and evaluation (2017) surveys were conducted applying COORDENA[®] questionnaire to a sample of primary (PC) and secondary (SC) care doctors (174 doctors/network/year). Designed interventions promoted clinical agreement and communication across levels for patients' follow-up. Outcome variables: a) intermediate: interactional and organizational factors; b) final: experience of clinical management coordination (care consistency and patients' follow-up) and general perception of coordination between levels. Poisson regression models were estimated.

Results:

Intermediate: interactional factors -personal knowledge and trust on the other care level-increased significantly in Brazil' and Chile' INs; and organizational factors -managers' support-in the INs of Colombia and Mexico. Comparing to CN in 2017, INs of Brazil, Chile, Colombia and Mexico showed significant differences in some factors.

Final: care consistency items -agreement over the treatments-improved in the INs of Brazil, Colombia and Uruguay; and patients' follow-up in the INs of Chile and Mexico. General perception of clinical coordination increased in the INs of Brazil, Colombia and Mexico. Compared to CN in 2017, only Brazil showed significant differences.

Conclusions:

Improvements in intermediate and final care coordination results, consistent with expected results, were observed in all the INs. Reduced implementation time and some process and context factors may have limited their impact.

Key messages:

- First study assessing the effectiveness of participatory interventions in improving clinical coordination between care levels in public healthcare networks of Latin America.
- Results showed changes in the intermediate and final clinical coordination results in the intervention networks. Longer implementation and evaluation times are expected to achieve greater impact.